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CONFIRMATION NO. 9957

SERIAL NUMBER 10/667,540	FILING OR 371(c) DATE 09/22/2003 RULE	CLASS 606	GROUP ART UNIT 3733	ATTORNEY DOCKET NO. 1842-0024	
<b>APPLICANTS</b> Lawrence M. Boyd, Durham, NC; Maureen L Upton, Durham, NC;					
<b>** CONTINUING DATA *****</b> This application is a CON of 10/282,755 10/29/2002 PAT 7,004,945 which claims benefit of 60/336,002 11/01/2001 and claims benefit of 60/336,332 11/02/2001 * (*)Data provided by applicant is not consistent with PTO records. <i>YES PTO</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>no PTO</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 12/12/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>PL</i> Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY NC	SHEETS DRAWING 6	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 3
<b>ADDRESS</b> 28078					
<b>TITLE</b> Devices and methods for the restoration of a spinal disc					
<b>FILING FEE RECEIVED</b> 1458	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		